

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

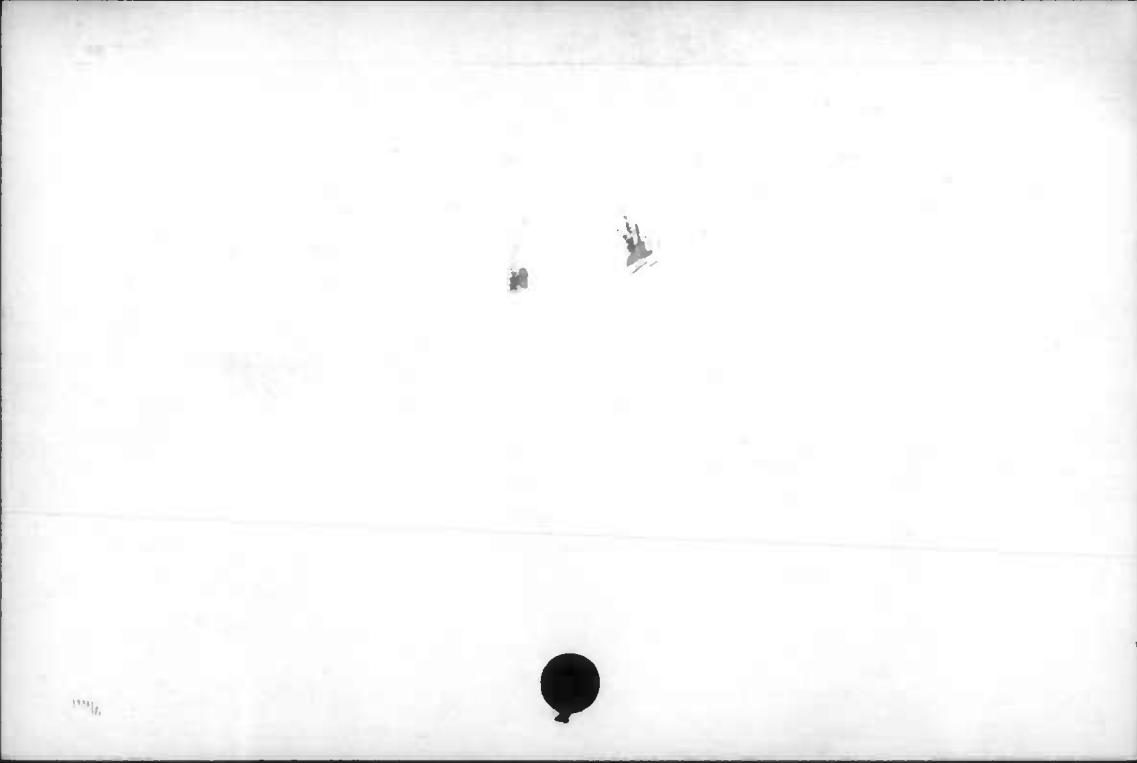
**Name** *Jonas Bell*  
**Died at** *Big Spring* **County** *Washington* **MARYLAND**  
**Date of death** *1909 June 5-7* **Age** *5-7* **Months** *9* **Days** *19*  
**Sex** *male* **Color or Race** *White* **Birth-place** *Ind*  
**Occupation** *Miller* **Where Residing if not at place of death**  
**Married, Single or Widowed** *Single* **Name of Wife or Husband** *Martha Engle*  
**Father's Name** *Jonas Bell* **Father's Birthplace** *Ind*  
**Mother's Maiden Name** *Catherine Nickley* **Mother's Birthplace** *Pa*  
**Name of person giving Information** *Albert - Bell* **How related to deceased** *Son*

CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

**Primary** *Acute indigestion* **How long** *Six hours*  
**Immediate** *Heart failure* **How long** *Two hours*  
**Are the name, age, sex, color, date and place correctly given above?** *Yes* **Signature of Physician** *Abraham Shank*  
**Address** *Clearspring Washington County*  
~~Accident or Suicide~~



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDMystle May Bierly  
Town County

Died at Hagerstown

Washington

MARYLAND

Date of death 1909  
Month 6 Day 13Age —  
Years

Month 4 Days 22

Sex Female

Color or Race White

Birth-place Md

Occupation Child

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
Husband

Father's Name Edgar Bierly

Father's Birthplace Md

Mother's Maiden Name Luella Moats

Mother's Birthplace Illinois

Name of person giving  
Information Edgar BierlyHow related  
to deceased Father

## CAUSES OF DEATH

104

Primary Enteric Colitis

How long 4 days.

Immediate General exanthema + Inanition

How long 2 days.

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

Dr. F. S. Newcomer.  
Funkhouser, Md

Accident or Suicide

PHYSICIAN  
OR CORONER

A.K. Coffman  
Dunkstown

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Hagerstown</u> <sup>Town</sup>		<u>Washington</u> <sup>County</sup>		MARYLAND	
Date of death	190 <u>9</u>	Month <u>6</u>	Day <u>27</u>	Age <u>29</u>	Months <u>1</u> Days <u>—</u>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>MD</u>
Occupation	<u>Barber</u>		Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>Bessie Wallace</u>		
Father's Name	<u>Wm L. Barward</u>		Father's Birthplace	<u>MD</u>	
Mother's Maiden Name	<u>Cora A. Munson</u>		Mother's Birthplace	<u>MD</u>	
Name of person giving Information	<u>W. L. Barward</u>		How related to deceased	<u>Father</u>	

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<u>Intercurrent</u>	How long	<u>about 2 yrs</u>
Immediate	<u>Hemorrhage</u>	How long	<u>half hour</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>E. A. Moseley</u>
		Address	<u>167 Hagerstown road</u>
Accident or Suicide			

S. M. Watkins.

Name  
in  
Full

Alice Elizabeth Bowers

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Hagerstown <sup>Town</sup> Washington <sup>County</sup> MARYLAND  
Date of death 190 9 <sup>Month</sup> 6 <sup>Day</sup> 23 Age — <sup>Years</sup> 3 <sup>Months</sup> — <sup>Days</sup> —  
Sex Female Color or Race White Birth-place Md  
Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —  
Father's Name Geo. W. Bowers Father's Birthplace Md  
Mother's Maiden Name Mina L. Stine Mother's Birthplace Md  
Name of person giving Information " " " How related to deceased Mother

CAUSES OF DEATH

Primary Marasmus <sup>How long</sup> 3 months  
Immediate Convulsions <sup>How long</sup> 1 day

Are the name, age, sex, color, data and place correctly given above? yes Signature of Physician F. H. Hoffmeier  
Hagerstown  
Md.  
Accident or Suicide — Address —

PHYSICIAN  
OR CORONER

L. M. Watkins



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>John Clark</b>		Town <b>Beaver Creek</b>		County <b>Washington</b>		State <b>MARYLAND</b>	
Date of death <b>1909</b>		Month <b>6</b>	Day <b>20</b>	Age <b>72</b>	Years <b>11</b>	Months <b>15</b>	Days <b>15</b>
Sex <b>Male</b>		Color or Race <b>White</b>		Birth-place <b>Pa.</b>			
Occupation <b>Miller</b>				Where Residing if not at place of death <b></b>			
Married, Single or Widowed <b>Widower</b>		Name of Wife or Husband <b>Sarah Mangus</b>					
Father's Name <b>No Record of</b>				Father's Birthplace <b>No record of</b>			
Mother's Maiden Name <b>" "</b>				Mother's Birthplace <b>" "</b>			
Name of person giving information <b>John Clark.</b>				How related to deceased <b>Son</b>			

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <b>Chronic Nephritis</b>	How long <b>7 months</b>
Immediate <b>Acute debility of Cardiac Insufficiency.</b>	How long <b>1 week</b>
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>Wm. H. Quinn</b>
	Address <b>Chewsville Md.</b>
Accident or Suicide? <b></b>	

Coffman  
Beaver Creek.

Name  
in  
Full

Elen Crispser

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Williamsport		County Washington		MARYLAND	
Date of death		Month June	Day 24	Age 29	Months 5	Days —	
Sex Female		Color or Race Caucasia		Birth-place Williamsport Md			
Occupation House keeper				Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or Husband Samuel Crispser					
Father's Name Joseph Green		Father's Birthplace West Va					
Mother's Maiden Name Mary Anderson		Mother's Birthplace Md					
Name of person giving Information Samuel Crispser		How related to deceased Husband					

## CAUSES OF DEATH

Primary	Typhoid Fever	How long	3 weeks
Immediate	Toxaemia	How long	4 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Ernest H. Hatcher	
Address		Williamsport	
Accident or Suicide			

PHYSICIAN  
OR CORONER

June 26. 1909

J. F. Kreps  
Undertaker

Entered in Riverside Cemetery

*[Faint, illegible signature]*

Name  
in  
Full

Unnamed child of Chas. Davis.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Hagerstown

County Wash.

MARYLAND

Date

of death 1909

Month

June

Day

28

Age

Years

—

Months

Stillborn

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Hagerstown

Occupation

—

Where Residing if not  
at place of death

—

Married, Single  
or Widowed

—

Name of Wife or  
Husband

—

Father's  
Name

Charles S. Davis

Father's  
Birthplace

Keedysville, Md.

Mother's  
Maiden Name

Eveline B. Brenner

Mother's  
Birthplace

Lanester, Pa.

Name of person giving  
Information

Chas. S. Davis

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Prolonged labor

How long

2 days

Immediate

Intrauterine asphyxia

How long

3 hours

Are the name, age, sex, color, date  
and place correctly given above?

Yes.

Signature of  
Physician

Address

May A. Laughlin  
Hagerstown

Accident or Suicide

PHYSICIAN  
OR CORONER

L. M. Watkins.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Josiah E. Davis</i>		Town <i>Dean Bakersville</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Dean Bakersville</i>		Month <i>6</i>		Day <i>18</i>		Age <i>71</i>	
Date of death <i>1909</i>		Month <i>6</i>		Day <i>18</i>		Age <i>71</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Maryland</i>		Days <i>2</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>_____</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Sarah Small</i>					
Father's Name <i>Josiah Davis</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Eliza M. C. Canby</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving Information <i>Lucy Davis</i>		How related to deceased <i>Daughter</i>					

## CAUSES OF DEATH

Primary <i>Arteriosclerosis</i>	How long <i>4 mos</i>
Immediate <i>Exhaustion</i>	How long <i>_____</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. M. Reichard</i>
	Address <i>Fairplay Md.</i>
Accident or Suicide <i>_____</i>	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Amos G De Haven Child</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Hagerstown</i>		Month <i>6</i>		Day <i>19</i>		Years <i>—</i>	
Date of death <i>1909</i>		Months <i>—</i>		Days <i>Still Born</i>		Age <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>MD</i>		Occupation <i>—</i>	
Where Residing if not at place of death <i>—</i>		Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>		Father's Name <i>Amos G De Haven</i>	
Mother's Maiden Name <i>Effie M. De Haven</i>		Father's Birthplace <i>W. Va</i>		Mother's Birthplace <i>W. Va</i>		How raised to deceased <i>Father</i>	
Name of person giving Information <i>Amos G De Haven</i>							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Difficult Labor.</i>	How long <i>8</i>
Immediate <i>Strangulation</i>	How long <i>+</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Vester D. Smith</i>
Accident or Suicide <i>No</i>	Address <i>Hay, Ind</i>

L. M. Watkins

Name  
in Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>John Henry Drill</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Boonsboro</i>		Town <i>Boonsboro</i>		State <i>MARYLAND</i>	
Date of death <i>1909 June 30</i>		Month <i>June</i>		Day <i>30</i>	
Age <i>75</i>		Years <i>75</i>		Months <i>—</i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Fredrick Co Md</i>	
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>Boonsboro</i>			
Married, Single or Widowed <i>widowed</i>		Name of Wife or Husband <i>Elizabeth Drill</i>			
Father's Name <i>Not Known</i>		Father's Birthplace <i>Not Known</i>			
Mother's Maiden Name <i>Not Known</i>		Mother's Birthplace <i>Not Known</i>			
Name of parson giving Information <i>William Drill</i>		How related to deceased <i>Son</i>			

## CAUSES OF DEATH

Primary <i>Old Age -</i>	How long <i>154</i> X
Immediate <i>General Debility</i>	How long <i>one year</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. C. Nicelen</i>
	Address <i>Boonsboro Wash Co Maryland</i>
Accident or Suicide	

PHYSICIAN  
OR CORONER

Brimig & Bast  
Mudatother

Name in Full		Moytha May Ebersole				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Tow Sharpshurg		County Washington		MARYLAND	
	Date of death	1909	6	25	Age	11	25
	Sex	Female		Color or Race	White		Birth-place
	Occupation	None		Where Residing if not at place of death			
	Married, Single or Widowed		Name of Wife or Husband				
FATHER'S NAME	Levi Ebersole		FATHER'S BIRTHPLACE		Virginia		
	MOTHER'S MAIDEN NAME		Luna V Ebersole		MOTHER'S BIRTHPLACE		
	Name of person giving information		Luna V Ebersole		How related to deceased		
					Mother		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Measles		How long	Two days		
	Immediate	Cerebrum		How long			
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					Address		
	Accident or Suicide?				E. M. Garrett, Sharpshurg, Md.		

L E Sumner & Son

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Date

of death 1909

Month

Day

Age

Years

Months

Days

Sex

Color or  
RaceBirth-  
place

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
in formationHow related  
to deceased

## CAUSES OF DEATH

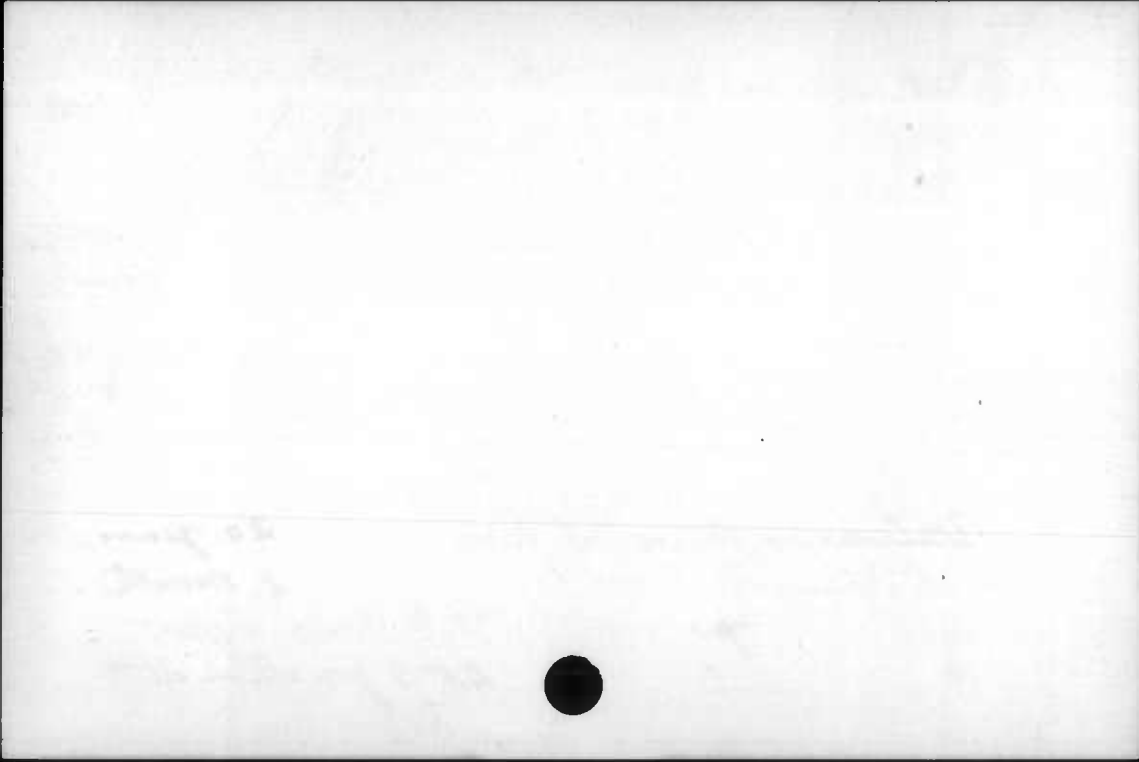
Primary

Immediate

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Accident or ~~Suicide~~?PHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Mary C Feigley*

Died at *Hagerstown* *Washington* County **MARYLAND**

Date of death 190 *9* Month *6* Day *8* Age *74* Years Months *4* Days *14*

Sex *Female* Color or Race *White* Birth-place *Ind*

Occupation *House work* Where Residing if not at place of death *C - - - - -*

Married, Single or Widowed *Widow* Name of Wife or Husband *Samuel Feigley*

Father's Name *William Howard* Father's Birthplace *Ind*

Mother's Maiden Name *Sarah Kennedy* Mother's Birthplace *Ind*

Name of person giving Information *Jack Deferes* How related to deceased *Son-in-law*

## CAUSES OF DEATH

Primary *Valvular disease of Heart* How long *20 years*

Immediate *Dropsy of Heart* How long *2 months*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *G. E. Murray M.D.*

Address *45 S Jonathan St - Hagerstown Md.*

Accident or Suicide

PHYSICIAN  
OR CORONER

M. Coffman

Rose Hill

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Elizabeth Fellingner  
 Died at *Clear Spring* <sup>Town</sup> *Wash.* <sup>County</sup>  
 Date of death 1909 <sup>Month</sup> *June* <sup>Day</sup> *2* <sup>Years</sup> *65* <sup>Months</sup> *3* <sup>Days</sup> *8*  
 Sex *Female* Color or Race *White* Birth-place *Md*  
 Occupation *Housewife* <sup>At home</sup> Where Residing if not at place of death  
 Married, Single or Widowed *Single* Name of Wife or Husband  
 Father's Name *Frederick Fellingner* Father's Birthplace *Germany*  
 Mother's Maiden Name *Rosalie Fellingner* Mother's Birthplace *Germany*  
 Name of person giving Information *Mary Fellingner* How related to deceased *Sister*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Chronic Cardiac Dilatation & Basal Ganglia Disease* How long *4 mos & 10 yrs* <sup>approximately</sup>  
 Immediate *Dropsy & Asthenia* How long *7 weeks*  
 Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *C. J. Mason,*  
 Address *Clearspring, Md.*  
 Accident or Suicide

25 March

Name  
in  
Full

Beaula Funkhouser

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Indian Spring <sup>County</sup> Wash  
 Date of death 1909 <sup>Month</sup> June <sup>Day</sup> 12 <sup>Age</sup> <sup>Years</sup> <sup>Months</sup> 2 <sup>Days</sup> 12  
 Sex <sup>Color or Race</sup> <sup>Birthplace</sup> Md  
 Occupation <sup>Where Residing if not at place of death</sup>

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
InformationHow related  
to deceased

## CAUSES OF DEATH

151

X

PHYSICIAN  
OR CORONER

Primary

Inanition - Marasmus

How long

over two days

Immediate

Asthenia

How long

20 days of death

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

C. D. Mason

Address

Clearspring, Md

Accident or Suicida

Mar 30

June 12

Name  
in  
Full

Alexander. Glenn.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

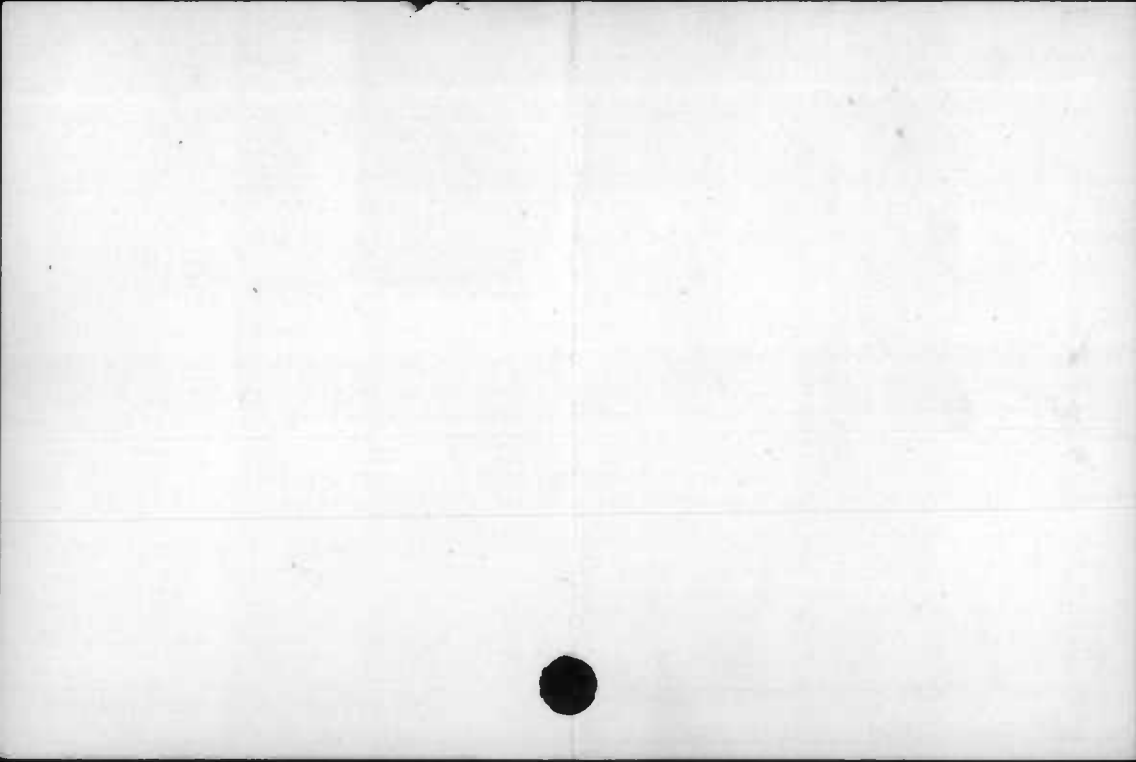
Died at <b>Poundville</b> <small>Town</small>		<b>Washington</b> <small>County</small>		MARYLAND	
Date of death	1909	Month	6	Day	18
Age	64	Years	64	Months	9
Sex	Male	Color or Race	White	Birth-place	Smithsburg
Occupation	Farmer	Where Residing if not at place of death		Poundville	
Married, Single or Widowed	Married	Name of Wife or Husband	Laurie Catherine		
Father's Name	Robert Glenn.	Father's Birthplace	Pa. Glenn		
Mother's Maiden Name	Eva Shank	Mother's Birthplace	Smithsburg		
Name of person giving information	Laura. Glenn	How related to deceased	Wife		

## CAUSES OF DEATH

Primary	Chronic Interstitial Nephritis	How long	120 x 3 1/2 years
Immediate	Heart Failure -	How long	

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Wm. A. Quinn M.D.
		Address	Chewsville Md.
Accident or Suicide?			





Name  
in  
Full

Earl Le Roy Goladay

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Hagerstown <sup>Town</sup> Washington <sup>County</sup> MARYLAND

Date of death 1909 <sup>Month</sup> 6 <sup>Day</sup> 20 <sup>Years</sup> — <sup>Months</sup> 5 <sup>Days</sup> 15

Sex Male Color or Race White Birth-place Md

Occupation — Where Residing if not at place of death —

Married, Single — or Widowed Name of Wife or Husband —

Father's Name Archie L. Goladay

Father's Birthplace Va

Mother's Maiden Name Jda Castell

Mother's Birthplace Va

Name of person giving Information Archie L. Goladay

How related to deceased Father

## CAUSES OF DEATH

Primary

Pertussis

How long

83 weeks

Immediate

Convulsions

How long

One hour

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

H. H. Den-M.D.

Address

Hagerstown Md.

Accident or Suicide

PHYSICIAN  
OR CORONER

S. M. Hattis

Name in Full *Merrill Arnold Grove*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Staggers town</i>		County <i>Washington</i>		MARYLAND	
Date of death 190 <i>9</i>		Month <i>6</i>	Day <i>11</i>	Age <i>1</i>	Years <i>1</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>	
Occupation <i>Child</i>		Where Residing if not at place of death			
Married, Single or <del>Widowed</del>		Name of Wife or Husband			
Father's Name <i>Wm. H. Grove</i>		Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Lola Horice Arnold</i>		Mother's Birthplace <i>"</i>			
Name of person giving Information <i>Wm. Grove</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>measles</i>	<i>151</i> How long <i>1 month</i>
Immediate <i>✓</i>	How long <i>...</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>V. D. Miller Jr.</i>
	Address <i>Staggers town</i>
Accident or Suicide <i>no</i>	

A.K. Coffman.

St. Paul,

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Joseph E. Hightberger*  
Town *Indian Springsville* County *Washington* MARYLAND

Died at *Indian Springsville* *Washington*

Date of death 190 *8* Month *6* Day *27* Age *—* Years *1* Months *21* Days

Sex *Male* Color or Race *White* Birth-place *Indian Springsville*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Edmund Hightberger* Father's Birthplace *Maryland*

Mother's Maiden Name *Cella Bittner* Mother's Birthplace *Maryland*

Name of person giving Information *Edmund Hightberger* How related to deceased *Father*

CAUSES OF DEATH

**105**

PHYSICIAN  
OR CORONER

Primary *Ac Gastro Enteritis* How long *1 mo.*

Immediate *Exhaustion* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *U. M. Reichard*

Address *Fairplay.*

*Accident or Suicide*



Name  
in  
Full

## CERTIFICATE OF DEATH

John Leather Heine  
Boonsboro

Washington

MARYLAND

Died at

Date

of death

1909

June

Month

Day

25

Age

Year

53

Months

2

Days

11

Sex

Male

Color or  
Race

White

Birth-  
place

Maryland

Occupation

Farmer

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Elizabeth C. Heine

Father's  
Name

John G. Heine

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Mary Loupman

Mother's  
Birthplace

Maryland

Name of person giving  
Information

Elizabeth C. Heine

How related  
to deceased

Wife.

## CAUSES OF DEATH

Primary

Paralysis of lower part of body

How long

36 hours

Immediate

Apoplexy, Heart Failure

How long

sudden

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

J. Heine, M.D.,  
Boonsboro, Md.

Accident or Suicide

No

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

6

Brining & Bart  
of  
Meduteller.



Name  
in  
Full

Mary Magdalene Holman

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at *Legs*

Date

Month

Day

Years

Months

Days

of death *1909*

*6*

*28*

Age

*11*

Sex

*Female*

Color or  
Race

*White*

Birth-  
place

*Legs*

Occupation

*House*

Where Residing if not  
at place of death

*Legs*

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

*Edw Holman*

Father's  
Birthplace

*Legs Md*

Mother's  
Maiden Name

*Maggie Nick*

Mother's  
Birthplace

*Legs Md*

Name of person giving  
In formation

*Edw Holman*

How related  
to deceased

*Brother*

CAUSES OF DEATH

*151*

Primary

*Premature birth. 7 1/2 months*

How long

Immediate

*Inanition*

How long

*11 days*

Are the name, age, sex, color, date  
and place correctly given above?

*Yes*

Signature of  
Physician

*C. S. Baker Md*

Address

*Rocksville*

Accident or Suicide?

*Maryland*

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

H E Sumner Low

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Canetown</u> <sup>Town</sup>		<u>Washington</u> <sup>County</sup>		MARYLAND	
Date of death <u>1909 June</u> <sup>Month</sup>		<u>6</u> <sup>Day</sup>	Age <u>79</u> <sup>Years</sup>	<u>10</u> <sup>Months</sup>	<u>5-</u> <sup>Days</sup>
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Near Smithsburg</u>			
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>Near Smithsburg</u>				
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Clara K. Hoover</u>				
Father's Name <u>David Hoover</u>	Father's Birthplace <u>Unknown</u>				
Mother's Maiden Name <u>Elizabeth Zentmeyer</u>	Mother's Birthplace <u>unknown</u>				
Name of person giving Information <u>R. H. Hoover</u>	How related to deceased <u>Son</u>				

## CAUSES OF DEATH

67

PHYSICIAN  
OR CORONER

Primary <u>Progressive Paralysis</u>	How long <u>6 months</u>
Immediate <u>Progressive Paralysis</u>	How long <u>6 months</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Dr. M. K. Fawcett</u>
	Address <u>Smithsburg Maryland</u>
Accident or Suicide <u>                    </u>	

1709 - 6 - 6  
1829 - 7 - 31  
79 - 10 - 5

Name  
in  
Full

Infant Irwin

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

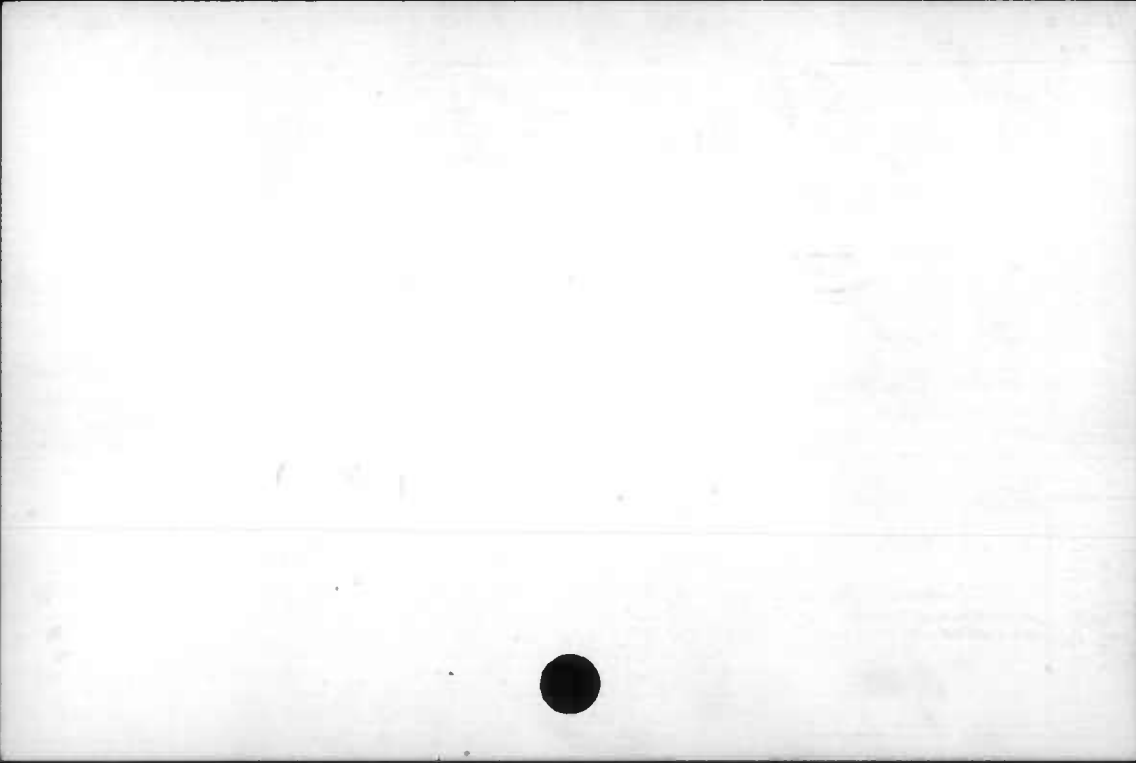
Died at		Town		County		MARYLAND	
Mt. Airina		Wash.					
Date of death	Month	Day	Age	Years	Months	Days	
1909	June	18				7	
Sex	Female		Color or Race	White		Birth-place	Wash. Co
Occupation	none		Where Residing if not at place of death		"		
Married, Single or Widowed	Single		Name of Wife or Husband		—		
Father's Name	Elmer Gowin				Father's Birthplace	Wash Co	
Mother's Maiden Name	Leonora Hough-				Mother's Birthplace	"	
Name of person giving Information	Jrs. Hough-				How related to deceased	G. Father	

CAUSES OF DEATH

104

Primary	Acc. Inf.	How long	1 Day
Immediate	Convulsions	How long	1
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	S. S. Davis
		Address	Boonsboro Md
Accident or Suicide			

PHYSICIAN  
OR CORONER



Name  
in  
Full

Marie James

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Date of death	190 <i>9</i>	Month <i>6</i>	Day <i>29</i>	Age <i># 17</i>	Months <i>1</i> Days <i>6</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Washington D.C.</i>		
Occupation <i>Housework</i>	Where Residing if not at place of death				
<input checked="" type="checkbox"/> Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Thomas James</i>	Father's Birthplace <i>Washington D.C.</i>				
Mother's Maiden Name <i>Catharine Sheehan</i>	Mother's Birthplace <i>Ireland</i>				
Name of person giving Information <i>Ann Marie Battle</i>	How related to deceased <i>Aunt</i>				

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>Two years</i>
Immediate	<i>unknown</i>	How long	<i>unknown</i>
Are the name, age, sex, color, data and place correctly given above?	<i>yes.</i>	Signature of Physician	<i>W. S. Herman</i>
		Address	<i>Hagerstown Md.</i>
Accident or Suicide			

Coffman  
Rose Hill



Name  
in  
Full

Richard M. Johnson

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Hagerstown <sup>County</sup> Washington MARYLAND

Date of death 1909 Month 6 Day 5 Age 45 Months 5 Days 10

Sex Male Color or Race White Birth-place Md.

Occupation Farmer Where Residing if not at place of death Halfway

Married, Single  
or WidowedName of Wife or  
Husband

Annie M.

Father's Name Richard Johnson

Father's Birthplace Va.

Mother's Maiden Name Sarah Dittlow

Mother's Birthplace "

Name of person giving Information Harry J. Johnson

How related to deceased Son

## CAUSES OF DEATH

108

Primary Strangulated Hernia

How long 2 days

Immediate Shock

How long 10 hours

Are the name, age, sex, color, data and place correctly given above?

Yes

Signature of Physician

E. H. Smith  
Williamsport

Address

Accident or Suicide


TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

A. K. Coffman.

Undertaker

Assisted by J. F. Krips.

Interment in Riverview  
Cemetery. Williamport

Me. 

on 1/11/1881  
H. Mason

Name  
in  
Full

Erslie Kendall

## CERTIFICATE OF DEATH

Died at

Hagerstown

County

Washington

MARYLAND

Date

of death

1909

Month

6

Day

28

Age

Years

-

Months

2

Days

18

Sex

Female

Color or  
Race

White

Birth-  
place

Md

Occupation

Child

Where Residing if not  
at place of death

\_\_\_\_\_

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

\_\_\_\_\_

Father's  
Name

D W Kendall

Father's  
Birthplace

Md

Mother's  
Maiden Name

Maud Stuyre

Mother's  
Birthplace

Md

Name of person giving  
information

D W Kendall

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Meningitis -

How long

2 months

Immediate

How long

✓

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
PhysicianVictor D. Smith Jr.  
Hagerstown  
Md

Address

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

A.K. Coffman  
Bakersville

Name  
in  
Full

Still Born child of Albert & Effie Lucas

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Hagerstown <sup>Town</sup> Washington <sup>City</sup> MARYLAND

Date of death 1909 6 <sup>Month</sup> 29 <sup>Day</sup> Age — <sup>Years</sup> — <sup>Months</sup> — <sup>Days</sup> 10 hrs

Sex male Color or Race white Birth-place Md.

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Albert W. Lucas Father's Birthplace Pa

Mother's Maiden Name Effie Cline Mother's Birthplace Va

Name of person giving Information A. W. Lucas How related to deceased father

CAUSES OF DEATH

150

Primary Congenital Heart Disease How long 10 years

Immediate asphyxia How long " "

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician V. D. Miller Jr.

Address Hagerstown Md

Accident or Suicide No.

PHYSICIAN  
OR CORONER

C.M. Lutes & Sons

Name  
in  
Full

George Lyming.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Hagerstown Town Wash. County MARYLAND  
Date of death 190 9 Month 6 Day 4 Age 57 Years Months Days  
Sex male Color or Race white Birth-place Md.  
Occupation Hostler at R. R. Where Residing if not at place of death \_\_\_\_\_  
Married, Single or Widowed married Name of Wife Alvina Lyming  
Father's Name Gilbert Lyming Father's Birthplace Not Known  
Mother's Maiden Name Not Known Mother's Birthplace " "  
Name of person giving Information Geo. Lyming Jr. How related to deceased son

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Paralysis How long 9 Days  
Immediate Exhaustion How long \_\_\_\_\_  
Are the name, age, sex, color, data and place correctly given above? Yes Signature of Physician H. H. Derr  
Address Hagerstown Md  
Accident or Suicide —

Owings Mills  
Carroll County.

C. M. Suter Sons



Name  
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Harvard Fauke Martin*

Town *Hagerstown* County *Washington* MARYLAND

Died at *Hagerstown* *Washington*

Date of death 1909 Month *6* Day *21* Age *21* Months *0* Days *0*

Sex *Male* Color or Race *White* Birth-place *Md.*

Occupation *Child* Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name *Harry E. Martin* Father's Birthplace *Md.*

Mother's Maiden Name *Carrie Fauke* Mother's Birthplace \_\_\_\_\_

Name of person giving Information *Harry E. Martin* How related to deceased *Father.*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Septosia* How long *still born*

Immediate *Pneumonia* How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. H. Mearns*

Address *Hagerstown Md.*

Accident or Suicide *no*

H.K. Coffman

Rose Hill.

Name  
in  
Full

Isaac Newman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Hagerstown</u> <sup>Town</sup>		<u>Washington</u> <sup>County</sup>		MARYLAND	
Date of death	1909	Month	June	Day	30
Age	about 80		Years	Months	Days
Sex	<u>Male</u>		Color or Race	<u>White</u>	
Occupation	<u>laborer</u>		Birth-place	<u>Unknown</u>	
Where Residing if not at place of death			<u>Big Pool, Md</u>		
<del>Married, Single or Widowed</del>		Name of Wife or Husband			
<u>Unknown</u>		<u>Unknown</u>			
Father's Name		Father's Birthplace		<u>Unknown</u>	
Mother's Maiden Name		Mother's Birthplace		<u>Unknown</u>	
Name of person giving Information		How related to deceased		<u>Not related</u>	
<u>Elias B. Hartle</u>		<u>Not related</u>			

CAUSES OF DEATH

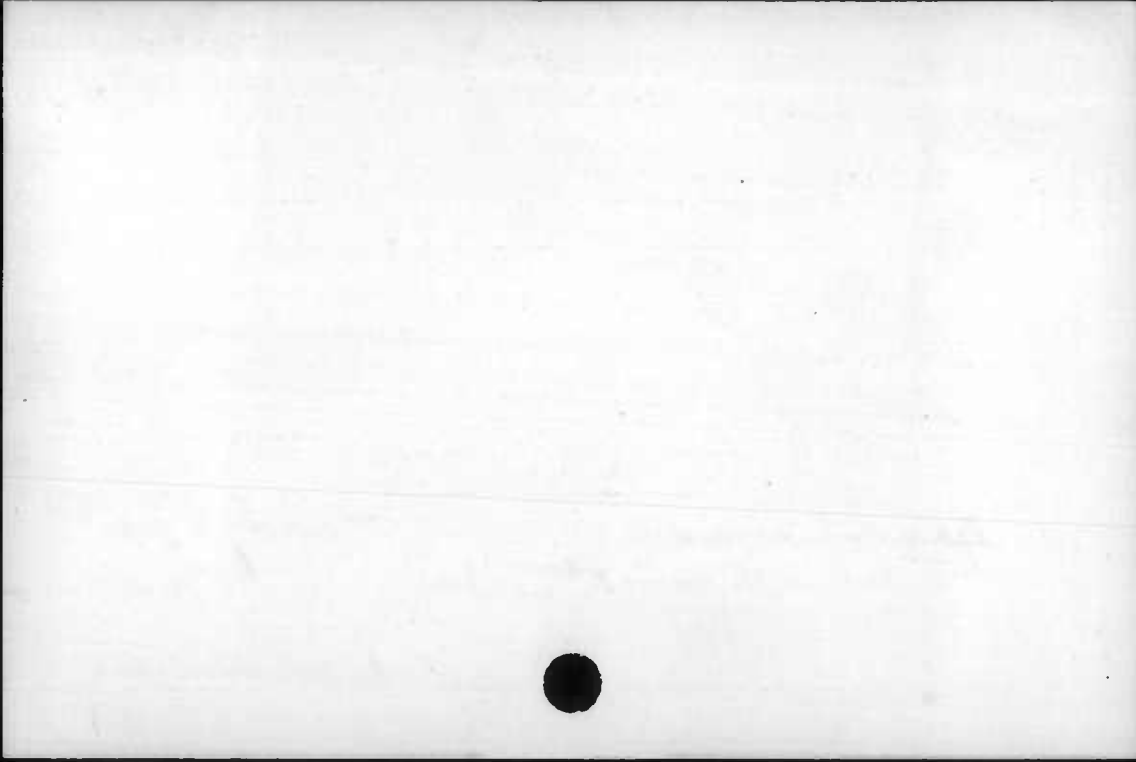
(166)

PHYSICIAN  
OR CORONER

Primary	<u>Killed by W.M.A. Co. train</u>	How long	<u>Immediate</u>
Immediate	<u>Accident</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>To best of knowledge</u>		<u>Elias B. Hartle</u>	
		Address	
		<u>Acting Coroner</u>	
Accident <del>Report</del>			

officer  
Hunt

Name in Full		Minnie Grace Palmer				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Downsville	County Washington	MARYLAND			
		Date of death		Month June	Day 23	Years 22	Months 4	Days —	
		Sex	Female		Color or Race	white		Birth-place	unknown
		Occupation	Housewife		Where Residing if not at place of death				
		Married, Single or Widowed	widowed		Name of Wife or Husband	Albert Palmer			
		Father's Name	unknown				Father's Birthplace	unknown	
		Mother's Maiden Name	unknown				Mother's Birthplace	unknown	
		Name of person giving information				T. J. Fahrney			
		CAUSES OF DEATH				(104) X			
PHYSICIAN OR CORONER		Primary				Acute Gastritis			
						How long		6 weeks	
		Immediate				Gastric Ulcer (?)			
						How long		1 week	
		Are the name, age, sex, color, date and place correctly given above?				yes			
		Signature of Physician				V. M. Reichard			
		Address				Fairplay			
		Accident or Suicide?							



Name  
in  
Full

Charles Henry Pangle

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		6	12	49	5	12	
Sex	Male		Color or Race	White		Birth-place	Va.
Occupation	Stationery Engineer			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband	Laura A. Pawzee			
Father's Name	Abram Pangle				Father's Birthplace	Va.	
Mother's Maiden Name	Elizabeth Brill				Mother's Birthplace	" "	
Name of person giving Information	Laura Pangle.				How related to deceased	Wife	

## CAUSES OF DEATH

118

Primary	Appendicitis Abdomen		How long	about 4 days.
Immediate	Intestinal Obstruction followed by perforation		How long	6 days
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	J. H. Kinnel
			Address	Hagerstown, Md.
Accident or Suicida				

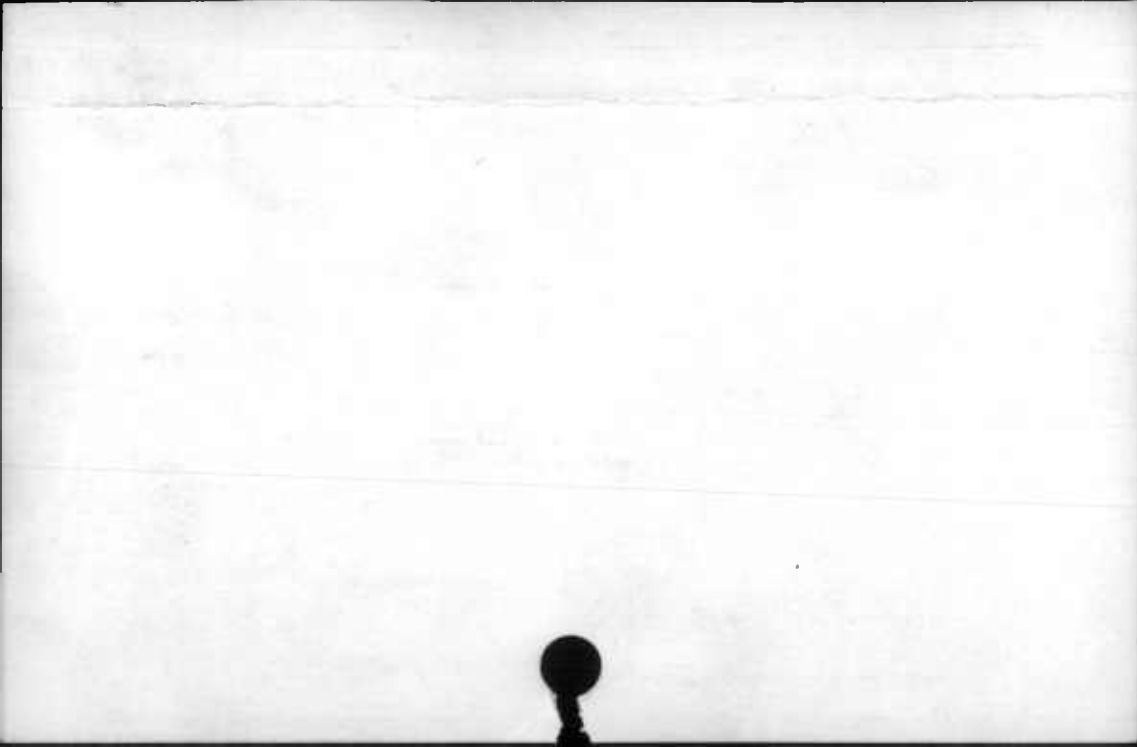
PHYSICIAN  
OR CORONER

A.K. Coffman

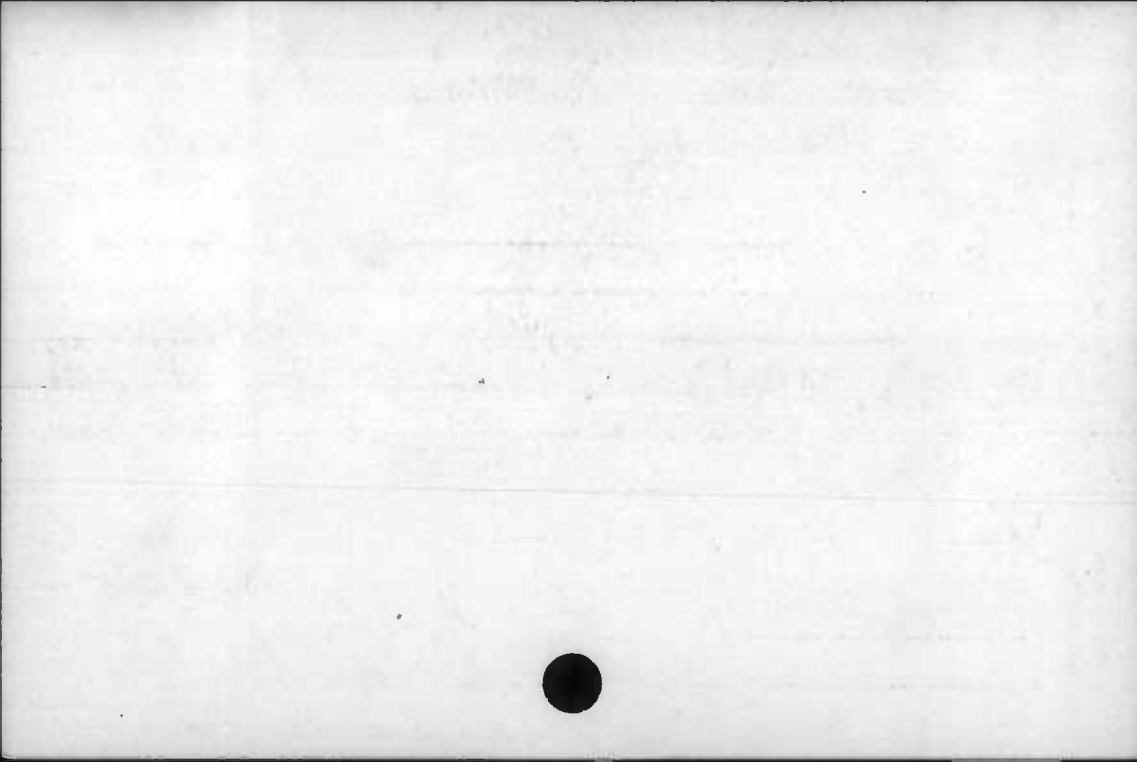
Front Royal, Va.



Name in Full		Alexander Parrott				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Jan-Mar	Wash.	MARYLAND			
		Date of death		1909	6	28	Age	68	
		Sex		male	Color or Race		white	Birth-place	md
		Occupation		Retired Farmer		Where Residing if not at place of death			
		Married, Single or Widowed		widower	Name of Wife or Husband				
		Father's Name		George Parrott		Father's Birthplace			
		Mother's Maiden Name				Mother's Birthplace			
PHYSICIAN OR CORONER		Name of person giving Information		George Parrott		How related to deceased		son	
		CAUSES OF DEATH		(66)		How long		3 weeks	
PHYSICIAN OR CORONER		Primary		Paralysis, General Debility		How long		Sudden	
		Immediate		Heart Failure, Collapse		How long		Sudden	
		Are the name, age, sex, color, date and place correctly given above?		yes.		Signature of Physician		J. Hubert, M.D. Gen. Pr.	
		Address				Boonsboro. Md.			
Accident or Suicide		No							



Name in Full		Sallie Virginia Perry				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Clearspring	County Washington	MARYLAND		
		Date of death	1909	Month June	Day 26 <sup>th</sup>	Age 46	Months 1	Days 11
		Sex	Female		Color or Race	White		Birth-place
		Occupation	Housewife		Where Residing if not at place of death			
		Married, Single or Widowed	Married		Name of Wife or Husband J. P. Perry			
PHYSICIAN OR CORONER		Father's Name	Joseph Middlekauff			Father's Birthplace	Hagerstown Md	
		Mother's Maiden Name	Mary E. Fiery			Mother's Birthplace	Fairview Md	
		Name of person giving information	J. P. Perry			How related to deceased	Husband	
		CAUSES OF DEATH		27		X		
PHYSICIAN OR CORONER		Primary	Tuberculosis			How long	Three years	
		Immediate	Heart failure			How long	Three days	
		Are the name, age, sex, color, date and place correctly given above?	Yes			Signature of Physician	Abraham Shank	
					Address	Clearspring Washington County		
		Accident or Suicide?						



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Carrie M. Pryor

Died at <sup>Town</sup> Pleasant Valley <sup>County</sup> Washington

MARYLAND

Date of death 190 9 <sup>Month</sup> 6 <sup>Day</sup> 24 <sup>Age</sup> 2 <sup>Years</sup> <sup>Months</sup> — <sup>Days</sup> 13Sex Female <sup>Color or Race</sup> White <sup>Birth-place</sup> SmithsburgOccupation None <sup>Where Residing if not at place of death</sup> Pleasant Valley<sup>Married, Single or Widowed</sup> Single <sup>Name of Wife or Husband</sup> None<sup>Father's Name</sup> Leo. Pryor <sup>Father's Birthplace</sup> Foxville, Indiana<sup>Mother's Maiden Name</sup> Mary. Kendal <sup>Mother's Birthplace</sup> Pleasant Valley<sup>Name of person giving Information</sup> Leo. Pryor <sup>How related to deceased</sup> Father

## CAUSES OF DEATH

106

PHYSICIAN  
OR CORONER<sup>Primary</sup> acute Intestinal indigestion <sup>How long</sup> 2 days<sup>Immediate</sup> convulsions <sup>How long</sup> one day

Are the name, age, sex, color, date and place correctly given above?

<sup>Signature of Physician</sup> Dr. M. D. K. [Signature]<sup>Address</sup> Smithsburg Maryland

Accident or Suicide



Name

in Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

**Name** Sarah Rudisill  
**Town** Mapleville **County** Washington **State** MARYLAND

**Died at** Mapleville **Month** June **Day** 12 **Year** 1905 **Age** 71 **Months** 1 **Days** 28

**Date of death** 1905 June 12 **Age** 71

**Sex** Female **Color or Race** white **Birth-place** Maryland

**Occupation** Housewife **Where Residing if not at place of death** Mapleville

**Married** ~~Single~~ **Name of Wife or Husband** David Rudisill

**Father's Name** Peter Farkney **Father's Birthplace** Maryland

**Mother's Maiden Name** Elizabeth Emmert **Mother's Birthplace** Maryland

**Name of person giving Information** B F Foltz **How related to decedent** Brother in Law

## CAUSES OF DEATH

**Primary** Acute Indigestion **How long** 5 days

**Immediate** Paralysis **How long** 2 days

**Are the name, age, sex, color, date and place correctly given above?** Yes

**Signature of Physician** A. S. Lovell  
**Address** Bennerola

**Accident or Suicide**

PHYSICIAN  
OR CORONER

Brining & Bast  
undertakers



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Unmanned Child of Chas. Rush

CERTIFICATE OF DEATH

Died at <u>Hagerstown</u> <sup>Town</sup>		<u>Washington</u> <sup>County</sup>		MARYLAND	
Date of death <u>1909</u>	Month <u>June</u>	Day <u>1st</u>	Age <u>1</u>	Years <u>0</u>	Months <u>0</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>MD</u>		
Occupation <u>---</u>			Where Residing if not at place of death <u>---</u>		
Married, Single or Widowed <u>---</u>			Name of Wife or Husband <u>---</u>		
Father's Name <u>Charles Rush</u>			Father's Birthplace <u>unknown</u>		
Mother's Maiden Name <u>Hazel E Baker</u>			Mother's Birthplace <u>MD</u>		
Name of person giving information <u>Hazel E Baker</u>			How related to deceased <u>mother</u>		

CAUSES OF DEATH

151

X

Primary <u>Premature 3 months</u>	How long <u>---</u>
Immediate <u>Lived one hour</u>	How long <u>---</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>S W Mustot</u>
	Address <u>Hagerstown, MD</u>
Accident or Suicide? <u>---</u>	

None

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name		Mucca M. Santman		Town		County		MARYLAND	
Died at		Hagerstown		Washington					
Date of death		1909		Month		Day		Years	
		6		15		Age		40	
								Months	
								Days	
Sex		Female		Color or Race		White		Birth-place	
								Md.	
Occupation		Domestic		Where Residing if not at place of death					
Married, Single or Widowed		Single		Name of Wife or Husband		Milton F. Santman			
Father's Name		Rufus Rager		Father's Birthplace		Md.			
Mother's Maiden Name		Lydia Surman		Mother's Birthplace		"			
Name of person giving Information		Milton Santman		How related to deceased		Husband.			

## CAUSES OF DEATH

Primary	Typhoid Fever	How long	about 18 days
Immediate	Intestinal Haemorrhage	How long	60 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		M. P. Scott	
Address		Hagerstown	
Accident or Suicide			

PHYSICIAN  
OR CORONER

A.K. Coffman  
From Royal.

Name  
in  
Full

CERTIFICATE OF DEATH

John H. Shank

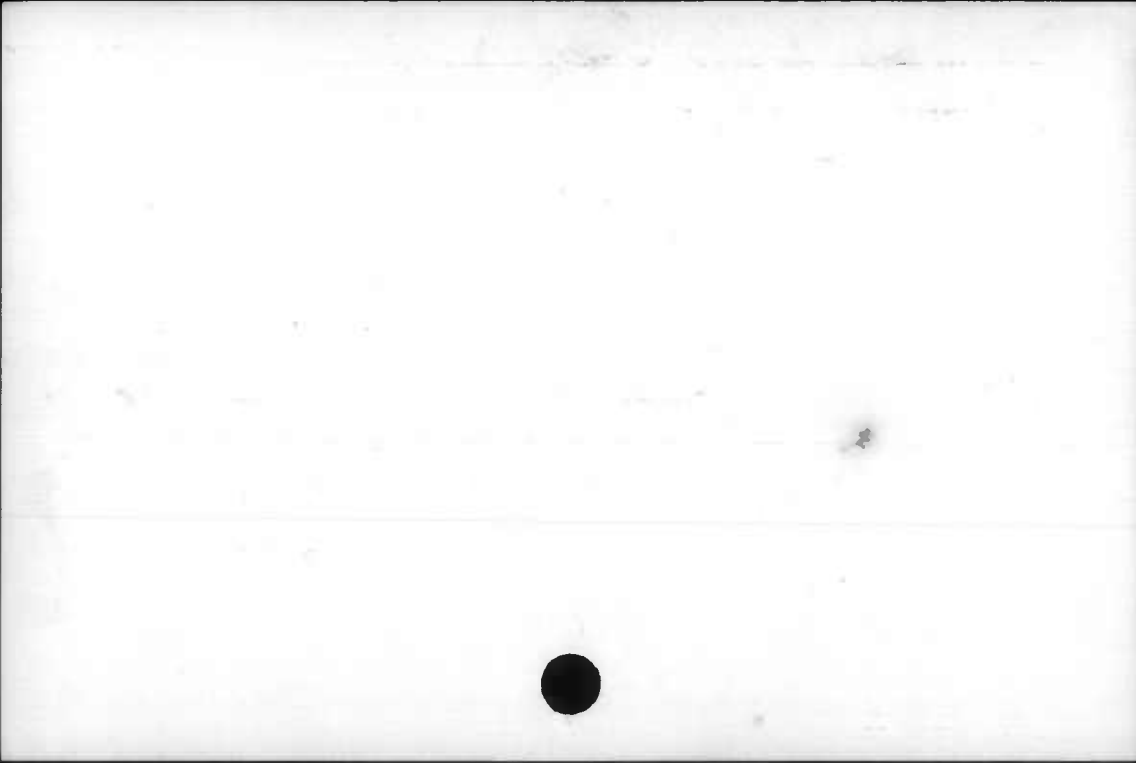
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		6	28	3	9	18	
Sex		Color or Race		Birth-place			
Male		White		Williamsport			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Single							
Father's Name				Father's Birthplace			
John Shank				Maryland			
Mother's Maiden Name				Mother's Birthplace			
Catherine Downey				Maryland			
Name of person giving Information				How related to deceased			
Mrs. John Shank				Sister			

TO BE ANSWERED BY  
NEAREST FRIEND

CAUSES OF DEATH

Primary	Cerebral Spinal Meningitis	How long	3 weeks
Immediate	Respiratory Paralysis	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		V. M. Richard	
		Address	
		Fairplay.	
Accident or Suicide			

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Pda Army Shoemaker  
Bing Post Wash County

MARYLAND

Date  
of death

1909

Month

June

Day

26

Age

Years

1

Months

Days

11

Sex

M

Color or  
Race

W

Birth-  
place

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HuabandFather's  
Name

James S Shoemaker

Father's  
Birthplace

Md

Mother's  
Maiden Name

Mary M Shoemaker

Mother's  
Birthplace

Md

Name of person giving  
Information

James S Shoemaker

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Cholera Infantum

How long

105

1 day

Immediate

Convulsion

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

Theo. Boose  
Clear Spring, Md

Accident or Suicide

PHYSICIAN  
OR CORONER

14 June 1908



Name  
in  
Full

Mary Sowers

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

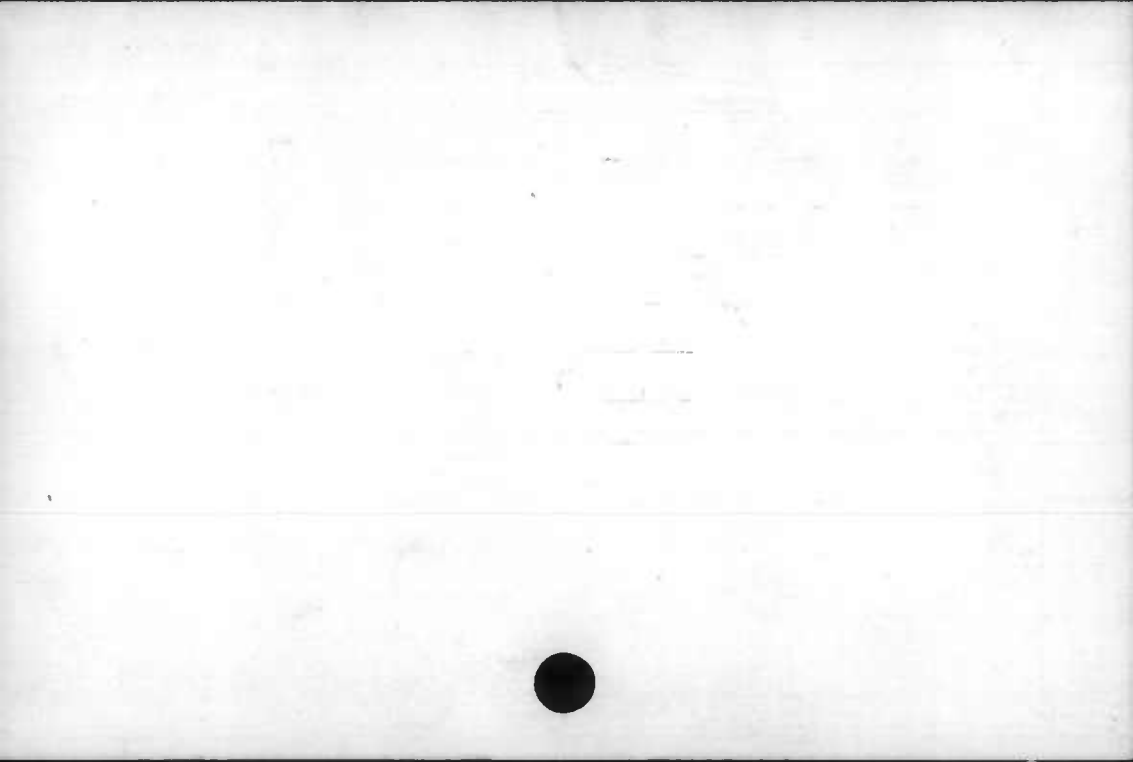
Died at <u>Lafayette</u> <small>Town</small>		<u>Washington</u> <small>County</small>		MARYLAND	
Date of death 190 <u>9</u>	<u>6</u> <small>Month</small>	<u>29</u> <small>Day</small>	Age <u>78</u> <small>Years</small>	<u>2</u> <small>Months</small>	<u>1</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Fred Co</u>			
Occupation <u>None</u>	Where Residing if not at place of death _____				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>William Sowers</u>				
Father's Name <u>John Ashmun</u>	Father's Birthplace <u>Fred Co Md</u>				
Mother's Maiden Name <u>Lydia Arnold</u>	Mother's Birthplace <u>Fred Co Md</u>				
Name of person giving Information <u>Emma A Jennings</u>	How related to deceased <u>Daughter</u>				

CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary <u>Don't know</u>	How long <u>Don't know</u>
Immediate <u>Don't know</u>	How long <u>Don't know</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Geo. W. Yount</u>
	Address <u>Buryable</u>
Accident or Suicide	



Name  
in  
Full

Mr. Eps. B. Stine

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Hagerstown Washington MARYLAND

Date of death 1909 6 9 Age 80 6 Months 4 Days

Sex Male Color or Race White Birth-place Md.

Occupation Retired farmer Where Residing if not at place of death \_\_\_\_\_

~~Married, Single~~ or Widowed \_\_\_\_\_ Name of Wife or Husband Harriet Clopper

Father's Name Barney Stine Father's Birthplace Md.

Mother's Maiden Name Fansie Kirch Mother's Birthplace Pa.

Name of person giving Information Mrs. Kretzing How related to deceased Daughter

## CAUSES OF DEATH

154

Primary

Advanced years - debility -

How long

Failing for months

Immediate

Debility

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Chas B Boepf M.D.  
Hagerstown Md.

~~Accident or Suicide~~PHYSICIAN  
OR CORONER

A.K. Coffman  
Rohersville

Dr. Ray.

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Susan Stonuffer* Town *Marysville* County *Washington* MARYLAND

Died at *Marysville Washington*

Date of death 1909 *6* Month *30* Day *76* Age *10* Months *21* Days

Sex *Female* Color or Race *White* Birth-place *Pa*

Occupation *Domestic* Where Residing if not at place of death *—*

Married, Single or Widowed *Widow* Name of Wife or Husband *Benjamin Stonuffer*

Father's Name *Jacob Erb* Father's Birthplace *Pa*

Mother's Maiden Name *Mary Bucher* Mother's Birthplace *Pa*

Name of person giving Information *Benjamin Stonuffer* How related to deceased *Son*

CAUSES OF DEATH

**92**

Primary *Broncho Pneumonia* How long *2 weeks*

Immediate *—* How long *—*

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *D. C. R. Miller*

Address *Mason - Dixon Tr.*

Accident or Suicide *no*

Dr. Miller

A.K. Coffman

Rose Hill.

Name  
in  
Full

Allen Victor Swain

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Sharpsburg</u> <sup>Town</sup>		<u>Washington</u> <sup>County</sup>		MARYLAND	
Date of death	1909	Month	6	Day	28
				Age	11
				Years	
				Months	1
				Days	18
Sex	<u>Male</u>		Color or Race	<u>White</u>	
Occupation	<u>None</u>		Birth-place	<u>Sharpsburg</u>	
Where Residing if not at place of death			<u>— — —</u>		
Married <del>Single</del> <u>Single</u>		Name of Wife or Husband			
Father's Name		<u>Clinton R Swain</u>		Father's Birthplace	
				<u>Sharpsburg</u>	
Mother's Maiden Name		<u>Daisy Bender</u>		Mother's Birthplace	
				<u>Sharpsburg</u>	
Name of person giving Information		<u>Clinton R Swain</u>		How related to deceased	
				<u>Father</u>	

CAUSES OF DEATH

Primary	<u>Accidental Drowning</u>	How long	<u>172</u> X
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>E. M. Gantt.</u>	
		Address	
		<u>Sharpsburg, Md.</u>	
Accident or Suicide			

PHYSICIAN  
OR CORONER

H E Suman & Son



Name  
in  
Full

CERTIFICATE OF DEATH

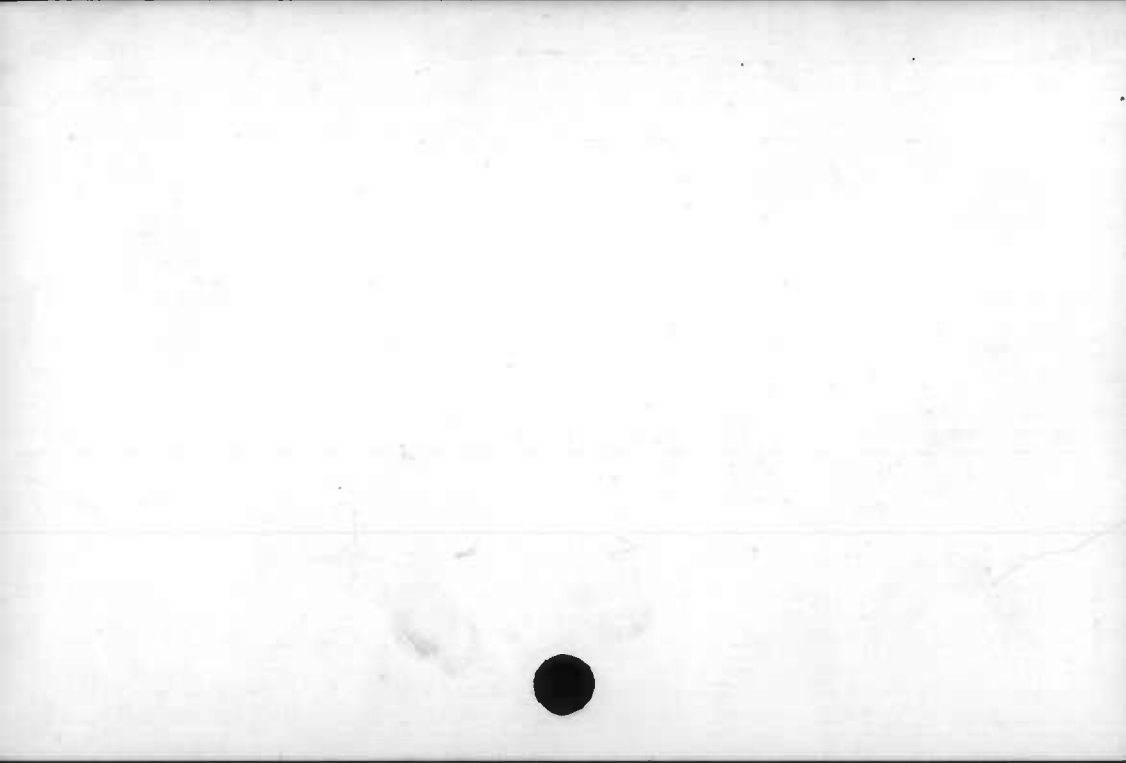
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <u>Thomson</u>		County <u>Washington</u>		State <u>MARYLAND</u>	
Date of death	Month	Day	Age	Years	Months	Days	
1909	June	6					
Sex	Color or Race		Birthplace				
Male	White		MD				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			Father's Birthplace				
Arthur Thomas			MD				
Mother's Maiden Name			Mother's Birthplace				
Angie Sligo			MD				
Name of person giving information			How related to deceased				
Arthur Thomas			Father				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	State Board	How long	(8)
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Geo. J. [unclear]	
		Address	
		Bucksville MD	
Accident or Suicide			



Name  
in  
Full

Mrs. Jennie Troop.

## CERTIFICATE OF DEATH

Died at

Hagerstown

County

Wash.

MARYLAND

Date

of death

190 9

Month

6

Day

25

Age

80

Months

Days

Sex

Female

Color or  
Race

white

Birth-  
place

Perma.

Occupation

H. W.

Where Residing if not  
at place of deathMarried, Single  
or Widowed

widow

Name of  
Husband

John A Troop.

Father's  
Name

Martin Kesseler

Father's  
Birthplace

Perma

Mother's  
Maiden Name

Not Known

Mother's  
BirthplaceName of person giving  
Information

Mr. Ottman

How related  
to deceased

nephew

## CAUSES OF DEATH

Primary

Paralysis

How long

66

Three days

Immediate

Heart Failure

How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Daniel A. Workman

Address

Hagerstown Md.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

C. M. Suter & Sons

Name  
in  
Full

CERTIFICATE OF DEATH

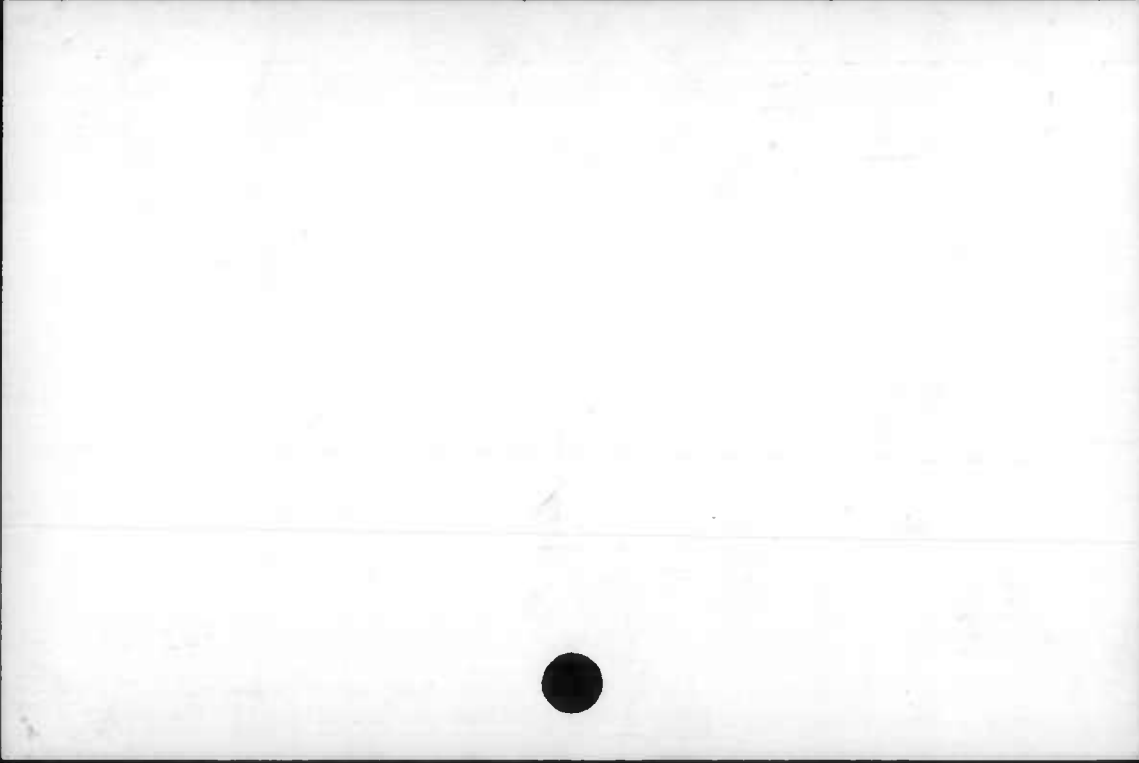
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Smithsburg</i> Town		<i>Webb</i> County		MARYLAND	
Date of death	1909 June	Day	22	Age	—
Sex	Female	Color or Race	White	Birth-place	Smithsburg
Occupation	None	Where Residing if not at place of death <i>Smithsburg</i>			
Married, Single <del>Or Widowed</del>		Name of Wife or Husband <i>None</i>			
Father's Name	<i>Samuel F Webb</i>			Father's Birthplace	<i>Smithsburg</i>
Mother's Maiden Name	<i>Jennie Brown</i>			Mother's Birthplace	<i>Smithsburg</i>
Name of person giving Information	<i>Samuel F Webb</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Still Born</i>	How long	<i>(S) X</i>
Immediate	<i>Still Born</i>	How long	—
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Doan D Kefauver</i>		
	Address <i>Smithsburg Maryland</i>		
Accident or Suicide			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Mary F. Hilcher  
Hagerstown Washington

MARYLAND

Date  
of death

1909 6 13 Age 78 Months 2 Days 3

Sex

Female

Color or  
Race

White

Birth-  
place

Va.

Occupation

Domestic

Where Residing if not  
at place of deathMarried, ~~Single~~  
~~or Widowed~~Name of Wife or  
Husband

James A. Hilcher

Father's  
Name

J. A. Lee

Father's  
Birthplace

Va.

Mother's  
Maiden Name

Annie Lamb

Mother's  
Birthplace

Va.

Name of person giving  
Information

F. B. Hilcher

How related  
to deceased

Son

## CAUSES OF DEATH

154

Primary

Old age, general decline,

How long

8 months.

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

F. H. Hoffmann  
17 W Washington St  
Hagerstown MD

Accident or Suicide

PHYSICIAN  
OR CORONER

A. K. Coffman  
Rose Hill.



Name  
In  
Full

## CERTIFICATE OF DEATH

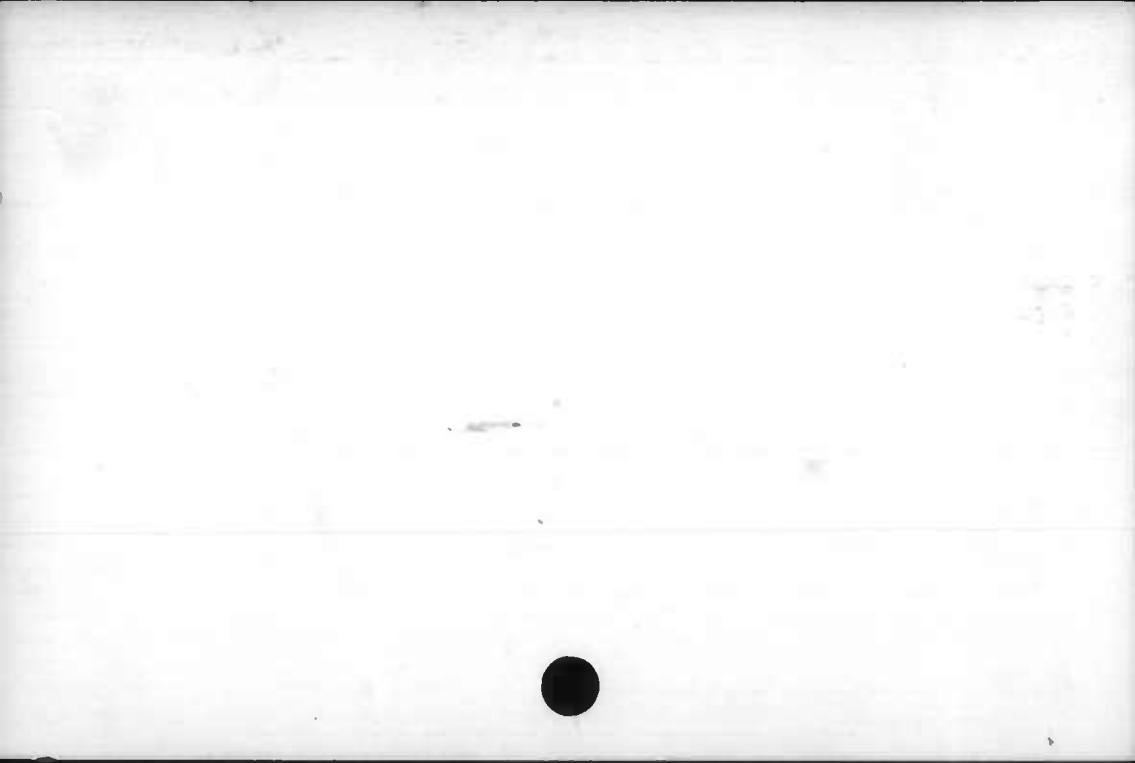
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Mary Julia B. Wiley</i>		Town <i>Clear Spring</i>		County <i>Wash</i>		MARYLAND	
Died at <i>Clear Spring</i>		Month <i>June</i>		Day <i>21</i>		Years <i>6</i>	
Date of death 190 <i>9</i>		Month <i>June</i>		Day <i>21</i>		Age <i>6</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>		Months <i>4</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>		Days <i>26</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Jerry Wiley</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Susan Irvin</i>		Mother's Birthplace <i>"</i>					
Name of person giving Information <i>Susan Wiley</i>		How related to deceased <i>Mother</i>					

## CAUSES OF DEATH

Primary <i>Measles</i>	How long <i>Four days</i>
Immediate <i>Pneumonia</i>	How long <i>Eight days</i>
Are the name, age, sex, color, data and place correctly given above? <i>Yes</i>	Signature of Physician <i>Abraham Shank</i>
	Address <i>Clearspring</i>
	<i>Washington County</i>
<i>Accident or Suicide</i>	

PHYSICIAN  
OR CORONER



Name  
in  
Full

Mary Elizabeth Willman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> *Haguetown* <sup>County</sup> *Washington* **MARYLAND**

Date of death 190 *9* Month *6* Day *2* Age *67* Years Months *—* Days *3*

Sex *Female* Color or Race *white* Birth-place *Ida*

Occupation *House wife* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Augustus Willman*

Father's Name *Elijah Cease* Father's Birthplace *Ida*

Mother's Maiden Name *Abigail* Mother's Birthplace *Ida*

Name of person giving Information *Luther Willman* How related to deceased *Brother*

## CAUSES OF DEATH

Primary *Chronic Gastritis* How long *104* years

Immediate *Althemia* How long *Scars*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Knwech*

Address *Haguetown*

Accident or Suicide

PHYSICIAN  
OR CORONER

M. S. Watkins

Name  
in  
Full

Isabel E. Wolf

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>near Fairplay</u> <sup>Town</sup>		<u>Washington</u> <sup>County</sup>		MARYLAND	
Date of death	190 <u>9</u>	Month <u>6</u>	Day <u>3</u>	Age <u>71</u>	Months <u>2</u> Days <u>17</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>Hagerstown Ind.</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband _____				
Father's Name <u>John Wolf</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Sarah Conners</u>	Mother's Birthplace <u>Maryland</u>				
Name of person giving Information <u>Charles E. Lewis</u>	How related to deceased <u>Nephew</u>				

CAUSES OF DEATH

81

PHYSICIAN  
OR CORONER

Primary <u>Arterio-Sclerosis</u>	How long <u>5 years</u>
Immediate <u>Sudden Heart failure</u>	How long <u>Instantaneous</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W. M. Reichard</u>
	Address <u>Fairplay.</u>
Accident or Suicide <u>  </u>	

